



HEAT-ASSOCIATED DEATHS & EMERGENCY DEPARTMENT VISITS 2025 REPORT

To inform Clark County residents and visitors about the impact of heat-associated illness and mortality, the Southern Nevada Health District has prepared this report summarizing 2025 surveillance data on heat-associated deaths and emergency department visits. The Centers for Disease Control and Prevention (CDC) define extreme heat as reaching higher than average temperatures or humidity levels for a particular location and time of year. Heat-related illness occurs when the body is unable to adequately dissipate heat, resulting in a rapid rise in core body temperature. Clinical manifestations range from heat exhaustion to heat stroke and may lead to multi-organ dysfunction, including neurologic injury. Older adults, young children, and individuals with mental illness or chronic health conditions are at the highest risk for heat-related illnesses. However, heat-related illness can affect anyone, particularly those engaging in strenuous physical activity in high-temperature environments. As of February 3rd, 2026, there were 284 heat-associated deaths in 2025, a 45% decrease compared to the 513 heat-associated deaths in 2024. Out of these 284 deaths, 21% were identified as non-Clark County residents. A total of 2,217 heat-related ED visits were recorded, with the peak for both ED visits and deaths occurring in the month of August.

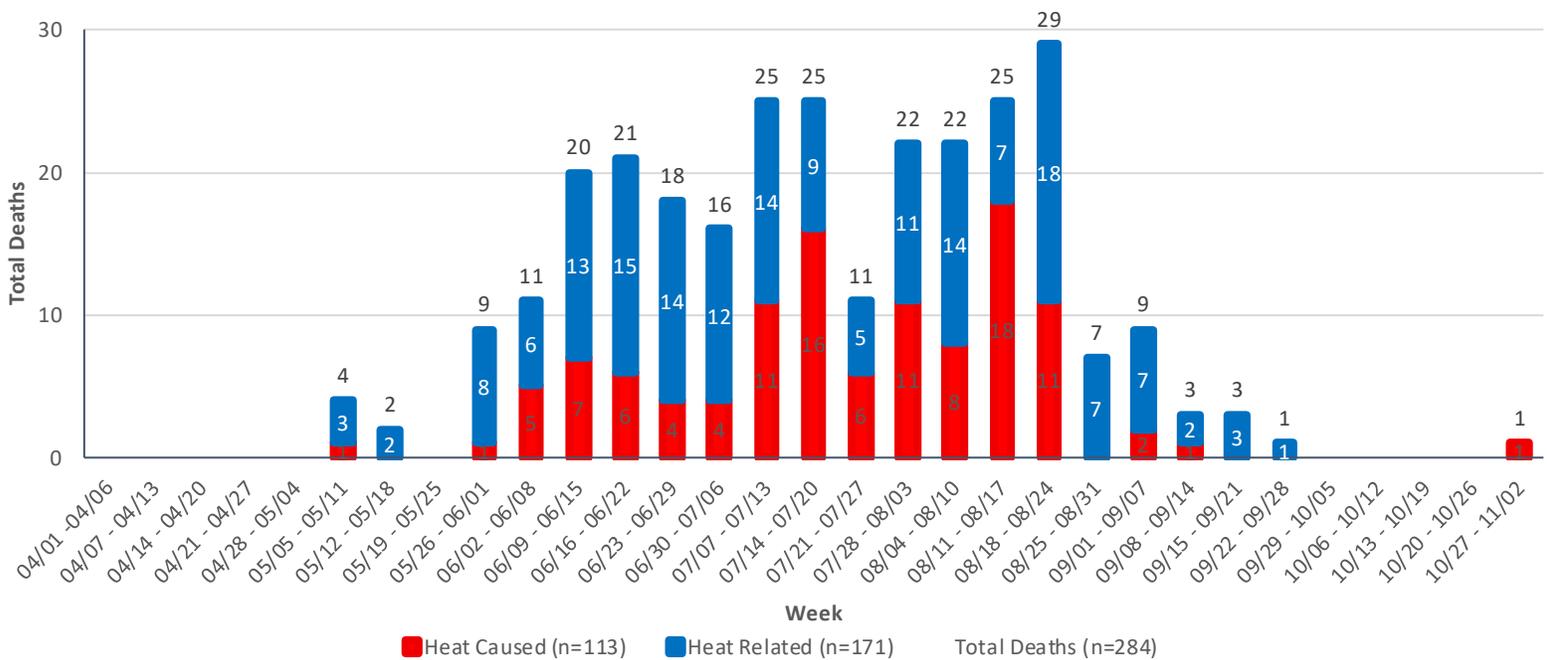


Figure 1. Heat-associated deaths in Clark County by week, 2025

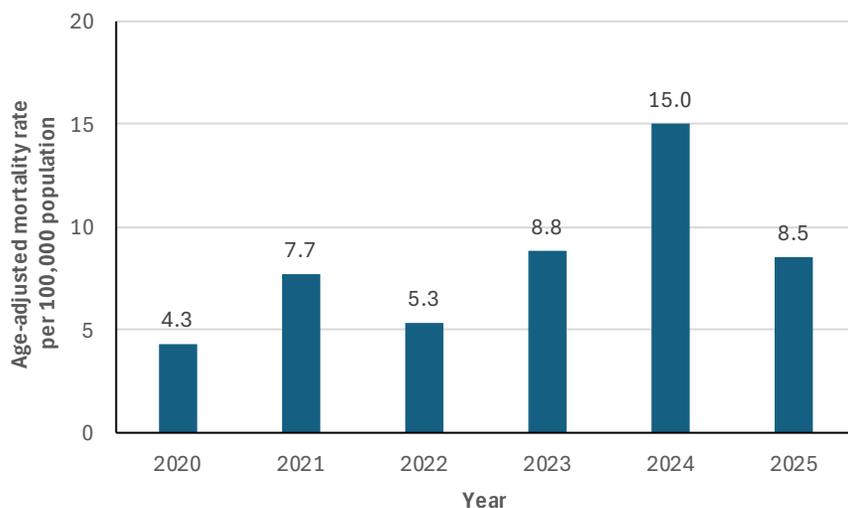


Figure 2. Age-adjusted mortality rate of heat-associated deaths, Clark County Residents by year, 2020 – 2025

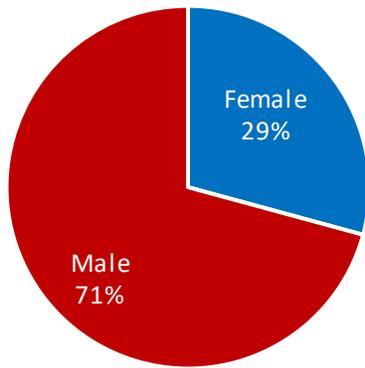


Figure 3. Percentage of heat-associated deaths in Clark County by Gender, 2025

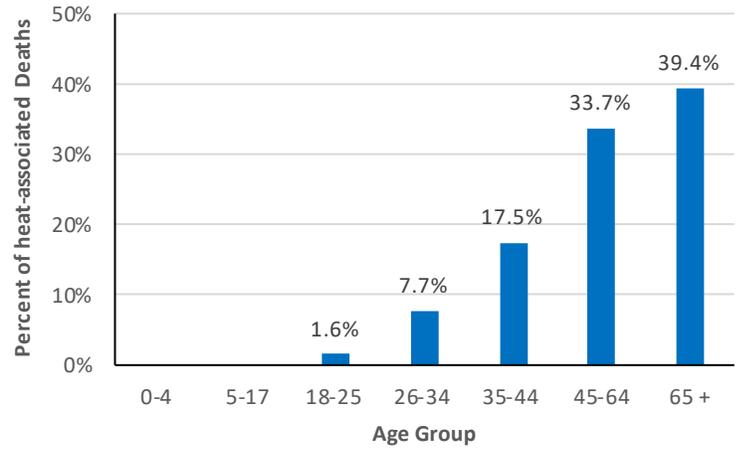


Figure 4. Percent of heat-associated deaths in Clark County by age group, 2025

Table 2. Count and age-adjusted rates of heat-associated deaths, Clark County residents by Race, 2025

| Race/Ethnicity | | Count | Age-adjusted Rate (per 100,000 population) |
|----------------|--------------------------------|-------|--|
| Non-Hispanic | White | 120 | 8.4 |
| | Black | 58 | 20.7 |
| | Asian/Pacific Islander | 10 | - |
| | American Indian/Alaskan Native | 0 | - |
| Hispanic | | 28 | 4.7 |

Note: Race and Hispanic origin are reported separately on death certificates. People of Hispanic origin may be of any race. For this table, non-Hispanic individuals are classified by race.

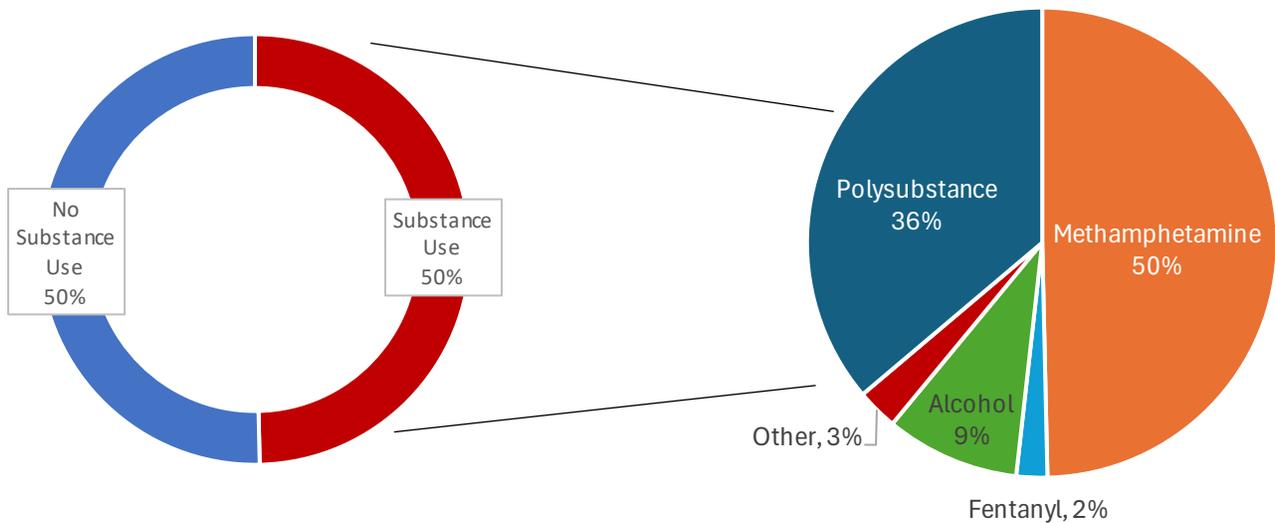


Figure 5. Heat-associated deaths in Clark County by involvement of substances, 2025

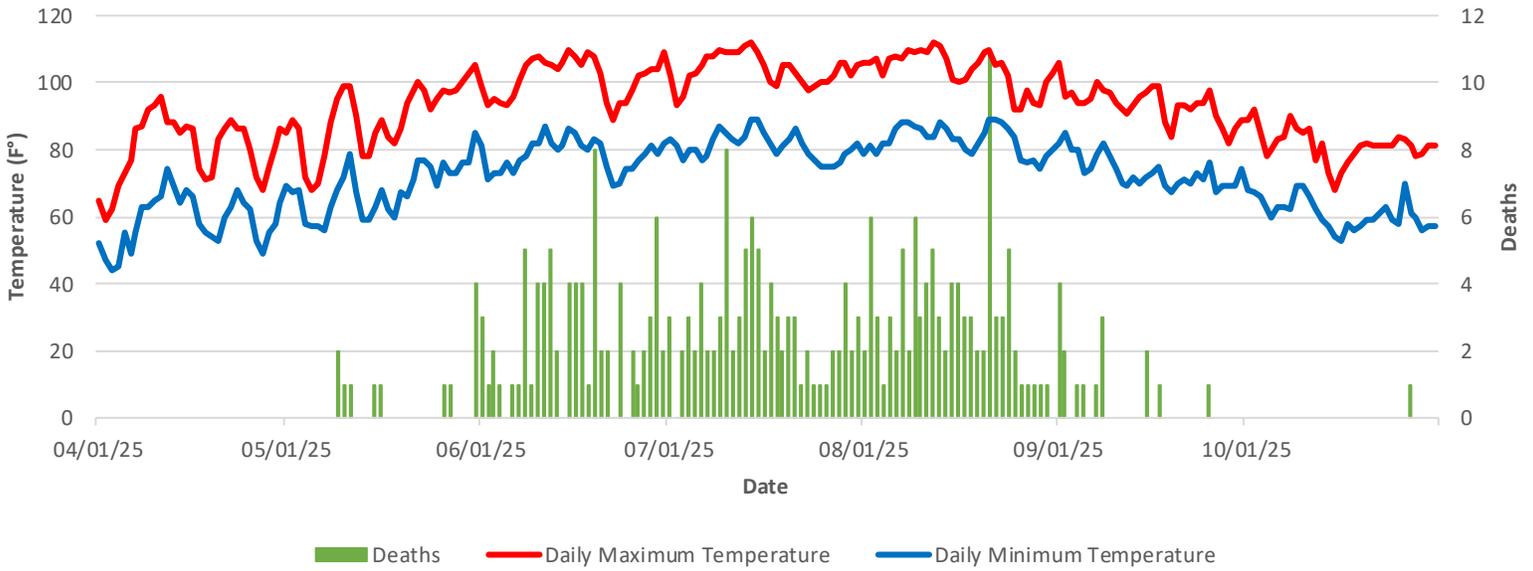


Figure 6. Daily count of heat-associated deaths due to heat-related illness in Clark County, 2025

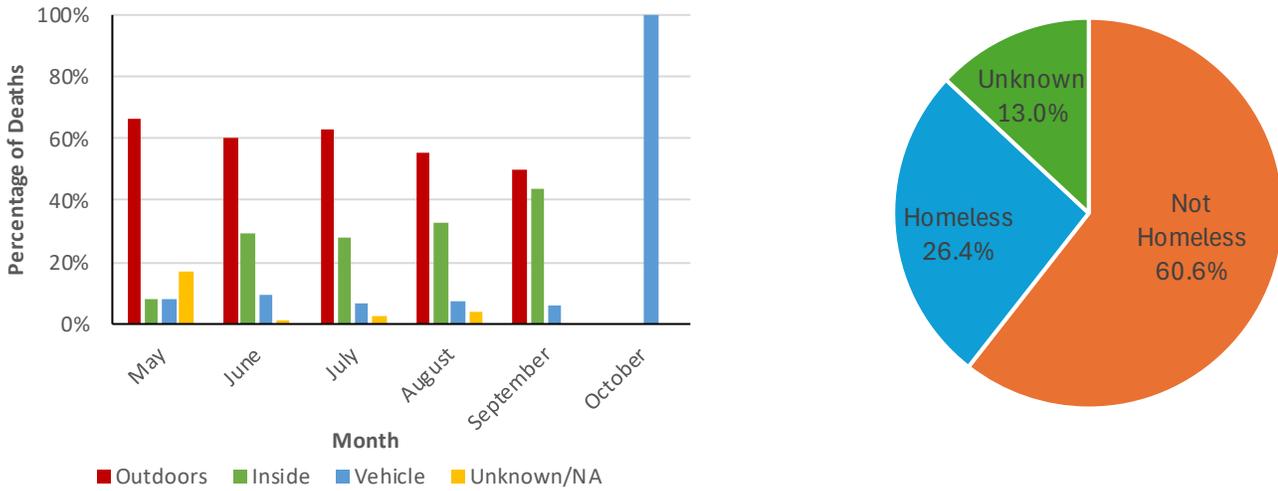


Figure 7. Heat-associated deaths in Clark County by location of heat injury and percentage of deaths by month, 2025

Figure 8. Heat-associated deaths in Clark County by housing status, 2025

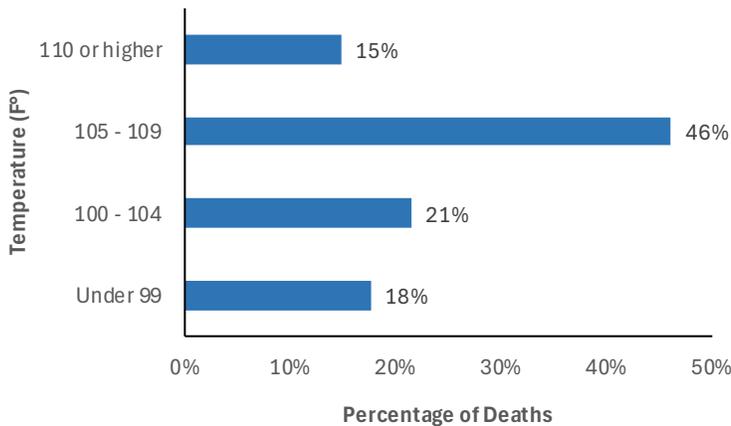


Figure 9. Heat-associated deaths in Clark County by temperature, 2025

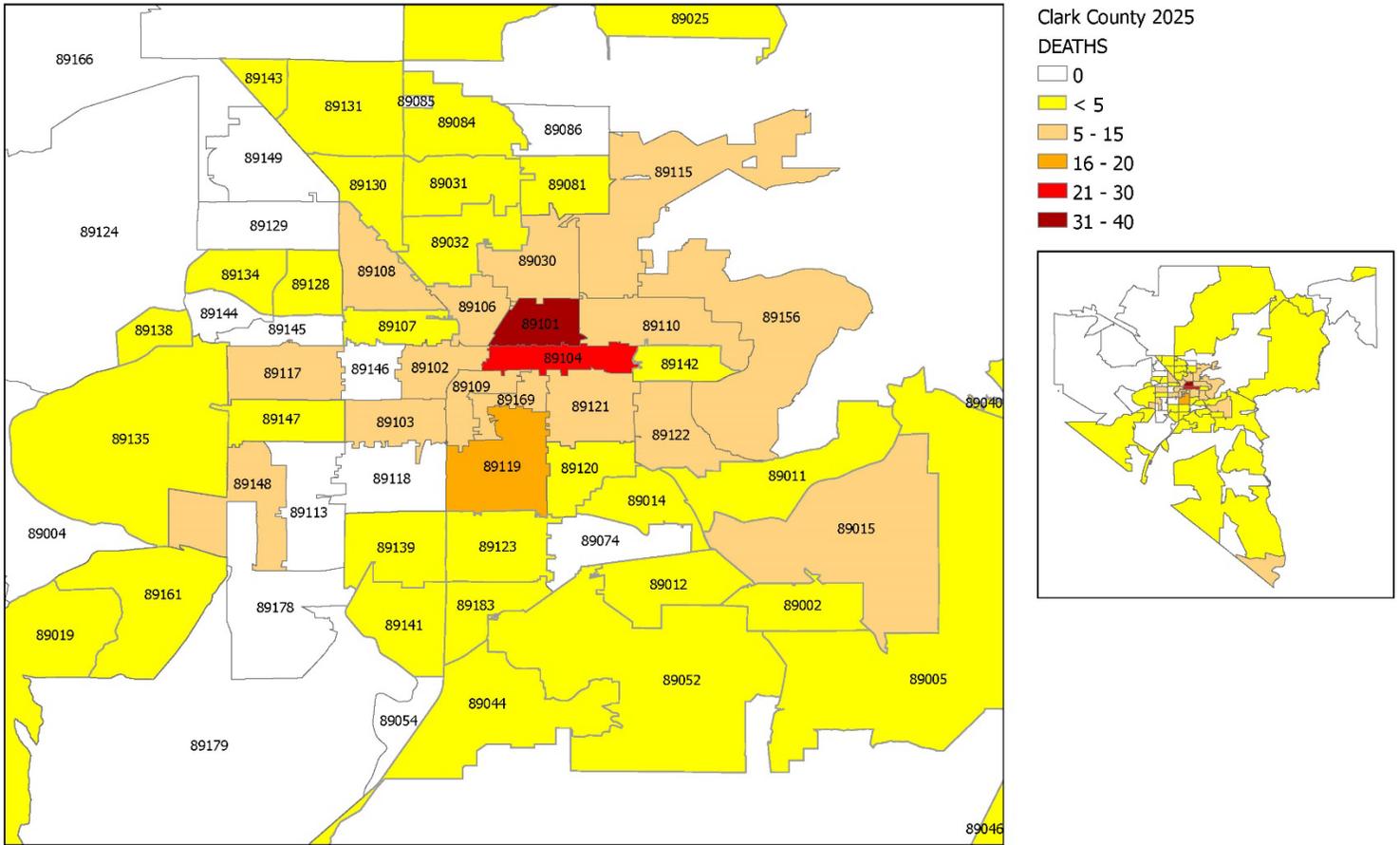


Figure 10. Location of injury for heat-associated deaths among ZIP codes associated with Clark County, NV*

*17 cases did not have a known ZIP code for the location of heat injury.

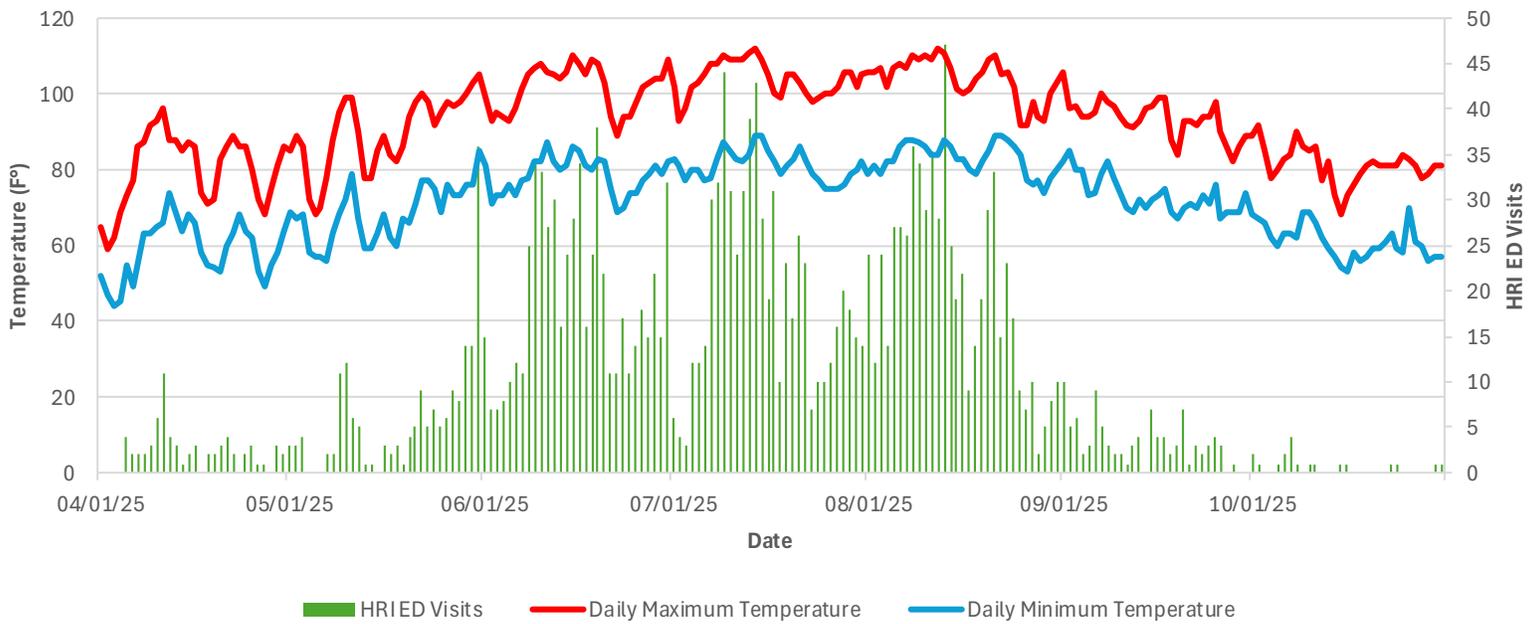


Figure 11. Daily count of emergency department visits due to heat-related illness in Clark County, 2025

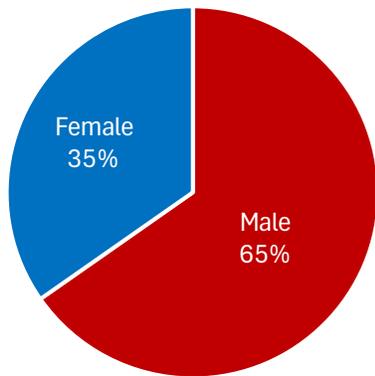


Figure 12. Heat-related illness ED visits by gender, 2025

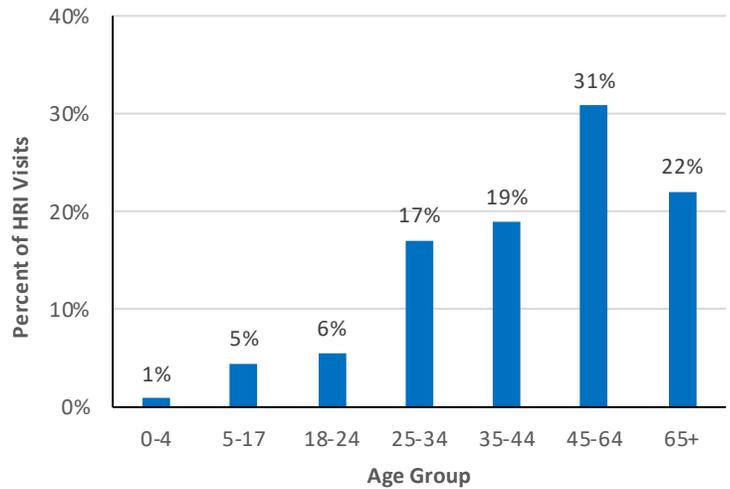


Figure 13. Heat-related illness ED visits by age group, 2025

Data Source: The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Heat-related illness data was identified by querying the fields of CC and DD Category "Heat Related Illness v2", Facility Type = "Emergency Care," Has Been Emergency = "Yes".

Discussion

In Clark County, NV, heat-related deaths increased annually from 2020 through 2024, followed by a 45% decline in 2025 (Figure 2). Approximately 90% of the deaths occurred during the summer months, when ambient temperatures frequently exceed 100°F. In 2025, the highest proportion of heat-related deaths occurred in August, when temperatures frequently exceeded 105 degrees. During the year, there were nine days with temperatures reaching 110°F or higher, five of which occurred in August. In contrast, 2024 experienced 36 days at or above 110°F, including 21 such days in July alone. Emergency department visits followed a similar seasonal pattern, increasing and decreasing in alignment with temperature fluctuations (Figure 11). Both heat-related deaths and ED visits were more common among males and adults aged 45–64 years. Figure 5 highlights the influence substance use has on heat-related mortality; 50% of heat-related deaths in 2025 also involved substance use, with 50% involving methamphetamine use alone. Figure 7 provides details on the location of death. Overall the majority of these deaths occur outdoors, with the proportion of outdoors deaths gradually decreasing from May through August. Individuals experiencing homelessness, a notably vulnerable population of concern due to lack of shelter or amenities, made up 26.4% of heat-related deaths (Figure 8). This percentage could be higher, as 13% of decedents had unknown housing status. In addition to age, substances, location and housing, Figure 10 details the location of heat injury leading to death by ZIP code. ZIP codes with the highest number of heat-related injuries are concentrated in areas central to Las Vegas including downtown Las Vegas and neighborhoods in East Las Vegas.

Conclusion

Monitoring heat-related mortality and ED visits provides critical surveillance data to inform and evaluate prevention measures during the summer months and periods of high temperatures in Clark County, NV. Vulnerable populations including older adults, individuals using substances, those experiencing homelessness and visitors to Las Vegas who may be unfamiliar with the summer climate, may experience the highest risk of heat illness, heat stroke and death. Community prevention efforts have notably increased in 2024 given the high number of deaths that year, as has the media coverage in terms of providing temperature warnings and news broadcasts in order to educate residents and visitors during times of excessive heat. By identifying the highest risk factors, along with the location of greatest occurrence, further preventative measures, such as cooling stations, can be focused on these individuals and areas.

Recommendations

Key epidemiological findings from this report include the strong association between heat-related deaths and substance use, as well as geographic clustering of deaths in specific ZIP codes with the highest mortality rates. With 50% of heat-related deaths associated with substance use, greater focus should be placed on educating the community on the effects of substances and high temperatures. In general, the negative effects of substance use whether it be alcohol, methamphetamine, or a combination of drugs, are exacerbated when mixed with high environmental temperatures, especially as body temperature regulation is impacted.

Recommended actions include collaboration with Desert Research Institute (DRI) Heat Lab working group members to develop, implement, and evaluate evidence-based mitigation and response strategies aimed at reducing heat-related morbidity and mortality. Coordination with the State of Nevada on the development and operationalization of the Nevada Extreme Temperature Response Plan is also critical, including alignment with existing emergency preparedness and climate resilience frameworks.

Additionally, sustained efforts are needed to strengthen cross-sector data sharing, enhance risk communication with stakeholders and the public, advance the goals and strategic actions outlined in the Resilient and Healthy Community (All-In Community Plan), and support complementary local and regional heat mitigation initiatives.

Data Sources:

Mortality and Demographics: Nevada Electronic Death Registry System (EDRS) provided by the Nevada Department of Public and Behavioral Health Office of Analytics.

Population: State Demographer Vintage 2020, 2021 and 2023 estimates, population with group quarters

Age-adjusted mortality rates are calculated per 100,000 population and include: Clark County residents, homeless individuals identified as living within Clark County or homeless individuals with an unknown or missing FIPS code.

Centers for Disease Control and Prevention (CDC). Protect Yourself from the Dangers of Extreme Heat. <https://www.cdc.gov/climate-health/php/resources/protect-yourself-from-the-dangers-of-extreme-heat.html>. July 25th 2024.

Max/Min Temperature: National Weather Service. Past weather reported by Las Vegas WFO, NV.

Heat Associated Deaths: defined as those having an ICD-10 code of 'T67', 'X30, or identified as a heat associated death by the coroner or medical examiner in EDRS.

"Heat Caused" Deaths: Deaths in which a form of heat (ie. exposure, hyperthermia) is listed in Part I of the Cause of Death in the death certificate; either the immediate cause or part of the chain of events leading to immediate cause of death.

"Heat Related" Deaths: Deaths in which a form of heat (ie. exposure, hyperthermia) is listed in "Other Significant Conditions" or Part II of the death certificate but not listed in Part I.

Drug/Substance Use: defined as those having an ICD-10 code associated with the named drug or substance or if the substance is listed in Part I or Part II of the Cause of Death for those pending ICD-10 assignment.

Methamphetamine was identified using ICD-10 T43.6 and 'Methamphetamine' listed in Part I or Part II of the Cause of Death.

Gender, Race and Ethnicity are reported as what is confirmed by the informant and documented in the death certificate.

Homelessness: Data is provided by Clark County Office of the Coroner/Medical Examiner (CCCOME). The events not determined as homeless by the coroners office, but had an unknown home address in EDRS, were labeled as "unknown".

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